
First-Time Fathers and Stressors in the Postpartum Period

Melissa Amanti Pollock, MSN, ARNP

Linda C. Amankwaa, RN, PhD

Adansi A. Amankwaa, PhD

ABSTRACT

The purpose of this pilot study was to examine the everyday stressors of first-time fathers during the postpartum period and to begin the process of establishing reliability and validity for the use of the Everyday Stressors Index with a sample of first-time fathers. A convenience sample of 19 participants included first-time fathers ranging in age from 18 to 45 years and mostly living in medium-sized cities. The results indicated that factors such as a feeling of not having enough time for too many responsibilities, financial issues, and concerns about the health of the child and other family member(s) were sources of stress. However, with the exception of slight differences in the ranking, everyday stressors among first-time fathers closely resembled previously reported stressors of first-time mothers. Although the sample was small and the results nongeneralizable, these findings suggest that educational efforts by health-care professionals could beneficially be directed toward fathers as well as mothers throughout the prenatal and postpartum periods. Policy implications for nursing and new directions for future research are discussed.

Journal of Perinatal Education, 14(2), 19–25, doi: 10.1624/105812405X44682

Keywords: first-time fathers, stressors, postpartum period

INTRODUCTION

The postpartum period is a time of enormous change for first-time parents. New parents often must adjust to bearing complete responsibility for a new life and are also obligated to change their entire way of life compared to that prior to the baby's birth. Recent studies have addressed some important questions related to postpartum and first-time parents' stress; however, little research has focused on the father's stress-related experience. Because researchers have not, to a large extent, examined fathers' stress during

the postpartum period, one can only currently speculate about their level of stress. It is important to study the father's point of view so health-care professionals can appropriately assist new fathers in the postpartum year. Nurses and perinatal educators provide much of the education to new parents throughout the pregnancy and the postpartum period. To be effective in preparing couples for their new roles, these professionals must understand the unique and possibly stressful experiences of new fathers as well as new mothers.

Several studies explore the variety of effects of everyday stimuli on individuals' general stress. It has been suggested that common daily annoyances are important stressors (Lazarus & Folkman, 1984). Previous research also indicates that everyday stressors contribute greatly to factors such as depression in postpartum women (Hall, Kotch, Browne, & Rayens, 1996). Other research findings suggest that financial strain, anxiety, and depression of fathers are likely to affect marital and child relationships, as well as health status (Elsters & Panzarine, 1983; Elsters, Lamb, & Kimmerly, 1989; Ferketich & Mercer, 1994).

All members of the family are influenced by and will influence a new baby whose addition to the family adds stress as well as joy. Although a number of studies have underscored the negative impact of maternal postpartum stress, few studies examine the new father's postpartum stress and the development of reliable measures of paternal stress. Therefore, in order to understand postpartum stress in the family, it is imperative to examine the father's stressors during that period. Further, examining everyday stressors that affect the father's behaviors will provide researchers with a beginning understanding of the impact of postpartum stressors on fathering behaviors. Such an understanding may lead to early identification of problems and subsequent intervention that may decrease the risk of negative outcomes.

The purpose of this pilot study was to identify the everyday stressors of first-time fathers in the postpartum period and to begin the process of establishing reliability and validity for the use of the Everyday Stressors Index with a sample of first-time fathers. Two major questions guided this research:

1. What are the most and least commonly reported everyday stressors of first-time fathers in the postpartum period?
2. How does the Everyday Stressors Index function with new fathers?

BACKGROUND

Although the literature on postpartum adjustment continues to grow, at the time of the present study only three, published, original, empirical studies focused on the relationship between the father's stress and postpartum experience. The earliest empirical study, conducted by Elsters and Panzarine (1983), examined adolescent fathers' primary stressors

and postpartum experience. In this study involving a sample of 20 participants, the researchers categorized their findings of adolescent fathers' stressors during and after pregnancy into four areas:

1. vocational and educational concerns;
2. health of the mother and baby and labor/birth concerns;
3. parenthood; and
4. relationships with partner, parents, friends, and/or church.

The study's results led the researchers to argue that, as the time of birth approached, adolescent fathers were most concerned about the health of the mother and baby and about the labor process itself. Additional evidence from interviews conducted 3 months after birth indicated that, later, the fathers' primary stressors were financial and educational concerns.

Elsters and colleagues (1989) subsequently studied three groups of first-time fathers, including 21 adolescent fathers with adolescent partners, 14 adult fathers with adolescent partners, and 55 adult fathers with adult partners. Interviews were conducted at two separate times: within 2 weeks after birth and at 3 months after birth. In the first interview, the adult fathers with adult partners and the adult fathers with adolescent partners rated financial concerns as their highest stressors. The adolescent fathers with adolescent partners rated the health of the mother and/or baby as their highest stressors. The least common stressor within 2 weeks postpartum and in all three groups was concern about relationships with partners. In the second interview, at 3 months postpartum, the most common stressor among adult fathers with adult partners continued to be related to financial concerns. Their relationship to their parents was rated as their lowest concern. The adult fathers with adolescent partners equally rated financial concerns and health of the mother and/or baby. They continued to rate the relationship with partners as their lowest concern. The adolescent fathers with adolescent partners rated financial concerns as their highest stressor at the 3-month postpartum mark, which was similar to the adult fathers with adult partners.

In a third study conducted by Ferketich and Mercer (1994), researchers examined 117 fathers whose partners had low-risk pregnancies, along with 61 fathers whose partners had high-risk pregnancies and were hospitalized at some time during

the pregnancy. The purpose of the study was to examine differential perceptions of paternal role competence of the two groups of fathers at various intervals in the postpartum period. While the researchers found that perceived paternal role competence did not differ between the groups, they did find that higher anxiety was a predictor of decreased perceived paternal role competence for fathers in high-risk pregnancies. Similarly, in low-risk pregnancies, paternal depression and lower feelings of mastery were predictors of perceived paternal role competence. In other words, as paternal anxiety levels increased, paternal competence decreased. Similarly, as paternal depression increased and feelings of mastery decreased, paternal role competence also suffered.

Although these three qualitative studies provide important evidence on the impact of pre- and postpartum experience on fathers' stressors, this field of study lacks measurement of fathers' stressors based on a reliable and valid scale. Further, because of the qualitative nature of the reviewed studies, the relative importance of the predictors of paternal stress—financial concerns, maternal health conditions, and relationship with spouse and children—is not clear. In any case, comprehensive and accurate indicators of paternal stress are necessary if health-care providers are to empirically assess potential improvements in the father's stress levels during the postpartum year.

METHODOLOGY

The present study used a nonexperimental design with a sample of first-time fathers in the postpartum year. It was assumed that fathers with more than one child would most likely have different everyday stressors than first-time fathers; therefore, fathers with more than one child were excluded from this study. Data were collected between the months of September 1999 and February 2000.

Previously, the Everyday Stressors Index has been used to measure stressors of mothers of young children (Hall, 1990; Hall et al., 1996) and has not yet been used in the population of fathers of infants and newborns. Therefore, this pilot study was designed to evaluate the effectiveness of using the Everyday Stressors Index on this particular population.

Sample and Procedure

After receiving approval from the institutional review board to conduct the study, subject recruitment data collection began. Inclusion criteria

were that the participant had to be between the ages of 18 and 50 years and a first-time father of a child less than 1 year old. The data for this study were collected in interviews conducted over the telephone. A list of potential participants generated from the investigators' personal contacts yielded a sample size of 25. All 25 prospective subjects lived in either Colorado or Florida and received a survey packet and consent form in the mail. Of the 25 participants, 19 returned the survey packet, for a return rate of 76%. In this study, all 19 participants who completed and returned the survey met the inclusion criteria.

Instruments

In this study, two measures of stressors were used to capture the nature of stressors, specifically among first-time fathers. First, in an open-ended survey conducted by phone, the fathers were asked to state, in short-answer format, what things they considered to be most stressful about being a first-time father. Secondly, to measure the severity of stress, Hall's (1990) Everyday Stressors Index (ESI) was administered. The ESI consists of a 20-item questionnaire that assesses chronic and situational everyday stressors such as financial concerns, role overload, employment issues, parenting concerns, and interpersonal conflicts (Hall et al., 1996). The ESI contains a total of 20 stressors that participants rate numerically on a scale from 0 to 3. In this scale, 0 indicates "not bothered at all," 1 means "rarely bothered," 2 indicates the subject is "bothered often," and 3 indicates the individual is "bothered a great deal" by the particular stressor (Hall et al., 1996). Using Roy's (1994) adaptation as a guide, the current study categorized the 20 items as role-function stressors, psychological stressors, and interdependence stressors.

Hall and colleagues (1996) obtained internal consistency of the ESI through various studies utilizing Cronbach's alpha coefficient, with a range from 0.80 to 0.85. Construct validity of the ESI was supported via various studies of mothers with young children utilizing factor analysis of maternal depressive and psychosomatic symptoms (Hall, 1990).

In the present study, the tool was administered using the same wording developed by Hall and applying a few minor modifications. Because this particular study focused on primiparous fathers of infants, the words "child(ren)" and "child(ren)'s" within the ESI tool were changed to "child" and "child's." This sample consisted of primiparous

fathers of children aged less than 1 year; therefore, item Number 12, which is worded “concerns about how your child(ren) is (are) doing in school (day care),” was modified to “concerns about how your child is doing in a day-care/child-care facility.” Similarly, item Number 18, which reads “difficulties with your child(ren’s) father,” was reworded to “difficulties with your baby’s mother” so that it would apply to the population of postpartum primiparous fathers. Thus, the present study also examined the content validity of this scale in its ability to address the sources of stress in fathers with infants less than 1 year old.

RESULTS

Sample Characteristics

Table 1 depicts the frequency and percentage distribution of first-time fathers’ characteristics: level of education, age, race, marital status, place of residence, family annual income, and occupation. The results indicate that 11% of the participants were between the ages of 18 and 25 years, 68% were between the ages of 26 and 35 years, and 21% were within the age range of 36–45 years. With respect to educational level, race, marital status, and place of residence, most of the participants reported they were college graduates (63.2%), white (94.7%), married (94.7%), and living in a medium-sized city (78.9%). The participants’ infants were aged 6 months (48%) or 6 to 11 months (52%).

Table 1 also documents each participant’s occupation and family annual income. Of the 19 respondents, 47% stated they were police officers. This factor occurred because of the snowball technique used to recruit subjects from friends of subjects. With respect to family income, 44.4% reported their yearly income range was \$20,000–\$49,000, while 38.9% stated their income was between \$50,000 and \$79,000. Thus, data indicated a fairly high level of income, and 26% of the first-time fathers reported they were the sole breadwinners for their family.

Fathers’ Descriptions of Largest Stressors

An important element in this study was the qualitative question that elicited perceived stress factors among first-time fathers in their first year of parenthood. Spontaneously mentioned items were assembled into 12 categories (see Table 2). Twenty percent ($n = 6$) of the participants rated financial responsibility as the most stressful factor. Another 13% ($n = 4$) reported that their rigorous schedule

TABLE 1
Frequency and Percentage Distribution of Participants

Variables	Frequencies	Percentage
<i>Educational Level</i>		
High School	3	15.8
College	12	63.2
Postgraduate	4	21.1
<i>Age</i>		
18–25 years	2	11.0
26–35 years	13	68.0
36–45 years	4	21.0
<i>Race</i>		
White	18	94.7
African American	1	5.3
<i>Marital Status</i>		
Married	18	94.7
Single	1	5.3
<i>Place of Residence</i>		
Small-sized city	3	15.8
Medium-sized city	15	78.9
Large city	1	5.3
<i>Family Annual Income</i>		
\$20,000–\$49,000	8	44.4
\$50,000–\$79,000	7	38.9
\$80,000–\$99,000	2	11.1
\$100,000 +	1	5.6
<i>Occupation</i>		
Registered Nurse	2	10.5
Police	9	47.4
Other	8	42.1

(related to the high number of police officers) and/or not knowing what the child wants were the most stressful events in being a father. Ten percent ($n = 3$) indicated lack of sleep as a significant stressor. Some less frequent responses ($n = 2$) were related to working versus being at home with the child, not having enough time, being a good father, finding adequate day-care opportunities, experiencing a lack of sexual relations, having concerns for the child’s well-being, and cleaning up after the child. The subject population was too small to examine these factors in relation to the infant’s age.

Ranking of Stressors

As a second step, responses to the quantitative measure of specific ESI questions were analyzed and ranked from the highest to lowest mean score. The questions were also listed with attributed standard deviation scores. In ranking order, Table 3 lists how first-time fathers in this study rated the most bothersome stressors in each scale category. The highest rated stressor related to role performance was “not enough time to do the things you want to do,” with a mean score of 1.47. This mean rating

TABLE 2

Major Stressors Spontaneously Mentioned by Fathers in an Open-Ended Question

Reported Major Stressors	<i>F</i>	%
Financial responsibility	6	20.0
Rigorous schedule/time management	4	13.3
Not knowing what child wants/Child only wanting mother at times	4	13.3
Lack of sleep	3	10.0
Not being able to be home with child because of work	2	6.7
Not enough time	2	6.7
Being a good father (teaching child well)	2	6.7
Finding child care/Worries about child-care providers	2	6.7
Concerns for child's well-being	2	6.7
Worries about child's future	1	3.3
Lack of sexual relations	1	3.3
Cleaning up after child	1	3.3

is midway between “rarely bothered” and “bothered a great deal.” The second- through fifth-ranked role stressors in any category were “owing money or getting credit” (mean = 1.37), “having too many responsibilities” (mean = 1.21), “concerns about your child’s health” (mean = 1.05), and “concerns about the health of family members (not including your child)” (mean = 0.95). Thus, the mean rating of these last two items was “rarely bothered.” All other ESI items had a mean of less than 1, placing them in the “rarely bothered” to “never bothered” ratings.

The alpha coefficient for this study was compared with Cronbach’s alpha coefficient obtained by Hall and associates’ (1996) estimate of the ESI. The alpha coefficient for this study was 0.78 compared with Cronbach’s alpha coefficient that ranged from 0.80 to 0.85 (Hall et al., 1996). Thus, the reliability estimate was reasonable for this study. Furthermore, for individual subjects, Hall’s (1990) ESI scores ranged from 0 to 60 points compared to this study’s ESI scores that ranged from 5 to 27 points. In this study, the ESI scores for the sample were within the original ESI range of scores, but clearly at the lower end of the stressfulness range.

Ranking of the Stressors Utilizing Roy’s Adaptation Model

In this study, the researchers categorized the stressors by using Roy’s (1994) adaptation model. Roy’s model classifies stressors as role function, psychological demands, or interdependence stressors.

TABLE 3

Ranked Order of Level of Bothersomeness in Response to ESI Classification of Stressors

Classification of the Stressors	Mean	<i>SD</i>
<i>Role-Function Stressors</i>		
Not enough time to do the things you want to do	1.47	0.84
Having too many responsibilities	1.21	0.92
Concerns about your child’s health	1.05	0.78
Concerns about the health of family members (not including your child)	0.95	0.78
Taking care of family members (not including your child)	0.84	0.50
Concerns about how your child is doing in a day-care/child-care facility	0.21	0.71
<i>Psychological Stressors</i>		
Owing money or getting credit	1.37	0.76
Not enough money for basic necessities	0.58	0.84
Problems with your job/Not having a job	0.53	0.70
Problems with transportation	0.37	0.68
Problems with housing	0.26	0.56
Feeling safe in your neighborhood	0.26	0.73
<i>Interdependence Stressors</i>		
Difficulties with your child’s mother	0.89	0.99
Problems being married/single	0.74	0.93
Problems getting along with your family	0.58	0.69
Problems with your child’s behavior	0.42	0.42
Problems with friends and neighbors	0.26	0.45
Disagreements with others over discipline of your child	0.16	0.37

Compared with psychological or interdependence stressor categories, four of the top five most bothersome ESI stressors were categorized as role-function stressors:

1. “not enough time to do the things you want to do”;
2. “having too many responsibilities”;
3. “concerns about your child’s health”; and
4. “concerns about the health of family members (not including your child)”.

The mean score on the ESI stressor scale on the item “not enough time to do the things you want to do” (a role-function stressor) was 1.47, with a standard deviation of 0.84. One of the least reported stressors was included in this same category: “concerns about how your child is doing in a day-care/child-care facility.”

Table 3 depicts the mean and standard deviations of psychological stressors using Roy’s (1994) ESI stressor scale. The mean score on the item “owing money or getting credit” was higher than other psychological stressor items and the only

one ranking above 0.58 (“rarely bothered”). Of the measures of psychological stressors, “problems with housing” and “problems with your job or not having a job” were the least significant stressors among this group of first-time fathers.

An examination of ESI stressor categories suggested that, as a group, the interdependence stressors category in this study were also less often reported as stressors among the participants. However, within this category, participants ranked “difficulties with your child’s mother” as the most bothersome stress factor (mean = 0.89, “rarely bothered”), with “disagreements with others over the discipline of your child” as the least important (mean = 0.16, “not bothered at all”).

DISCUSSION AND CONCLUSIONS

This study presents a useful analysis of first-time fathers and postpartum stress levels. However, the study had limitations. Although the pilot study comprised a small sample size, nearly half of the participants were employed as police officers who were first-time fathers with a child less than 1 year old. The majority of the sample was also white, college-educated, and employed. Thus, the sample was highly slanted toward one specific group. Additionally, given the small sample size of this pilot study, only tentative conclusions, not generalizations, can be made about the relationship between first-time fathers and various stressors.

Despite these problems, the present study contributes to the literature in the following ways. Everyday stressors of first-time fathers in the first year of parenthood were more likely associated with role function—“not enough time to do the things you want to do” and “owing money or getting credit”—than with psychological concerns or interdependence. Such a finding for this specific sample of first-time fathers is in line with the literature about fathers’ first-year experience. For example, findings of previous studies on younger first-time fathers have shown that the primary stressor was most commonly financial concerns (Elsters & Panzarine, 1983; Elsters et al., 1989). Elsters and colleagues’ (1989) study of stressors of first-time fathers at two time points (immediately postpartum and at 3 months postpartum) found that the second most common stressor of first-time adult fathers was related to the health of the mother and child at the immediate postpartum interval. The researchers also noted that work-related stress rated very high at the 3-month interview. Elsters and

Panzarine (1983) studied a group of teenaged, first-time fathers and found that the second-rated stressor was “concerns about the health of the mother and baby.” The current study found “concerns about your child’s health” and “concerns about the health of family members (not including your child)” were the fourth and fifth highest rated stressors, respectively, but at a mean of “rarely bothered.” The discrepancies between this and previous studies are minimal, in that the top five stressors noted in this study and in others were identical.

Becoming a father for the first time requires a continuous process of learning to take on the role of many responsibilities. Results from this and previous studies suggested that fathers rated “having too many responsibilities” and “not enough time to do the things you want to do” as the highest stressors. This finding supports earlier suggestions that first-time fatherhood results in role conflict, role overload, and/or role ambiguity (Hall, 1992).

The results obtained from using the ESI tool are similar to the results obtained in this study when an open-ended question was asked and to results of previous studies. Thus, the present pilot study supports the use of the ESI as a tool to measure stress in new fathers. The use of this tool with a larger, more diverse sample is warranted. It shows promise for being a tool that would allow researchers to quantify the intensity of the various stressors of new fathers. Such quantification would allow for better comparison of stress over time or as a result of intention.

In summary, this study presents a preliminary examination of everyday stressors in new fathers during the first year of fatherhood. These initial results suggest that first-time fathers have stressors that need to be addressed. Although these findings are interesting and relevant, due to the small sample size and method of recruitment, these findings are not generalizable and, therefore, should be viewed with caution.

IMPLICATIONS FOR PARENT EDUCATION

Different levels of stress exist for first-time mothers and fathers, yet little research has focused on the father’s perspective. Focusing on the father’s point of view may guide health-care professionals to tailor appropriate teaching strategies for fathers in the antenatal and postpartum periods. When obtaining prenatal care, women can be encouraged to bring the fathers to their scheduled office visits. This enables fathers to become more involved in the

pregnancy. Additionally, in the prenatal period, both mothers and fathers may be screened for high levels of stress or depressive symptoms. Treatment may be initiated prior to, rather than after, an adverse outcome. Childbirth education and parenting classes should also be geared toward the parents as a couple. Discussion groups and other educational strategies can help fathers identify stressors in advance and plan how to manage them (Fletcher, Silberberg, & Galloway, 2004).

Various everyday stimuli, or stressors, may affect individuals in a variety of ways. It has been documented that everyday stressors contribute greatly to factors such as depression in postpartum women (Hall et al., 1996). Because stress, anxiety, and depression directly affect couples' relationships, relationships with children, and health status, educational efforts must be directed toward helping fathers identify stress, develop strategies to lower anxiety, and forestall the development of common problems. Early identification and intervention may encourage healthy adaptation and, thus, decrease the risk for negative outcomes.

The results of this study may be of value to diverse health professionals who care for childbearing families. Health-care providers need to be aware that fathers may experience stressors very similar to those experienced by mothers. The findings of the current study suggest that new fathers wish to be more in tune with their children's lives, as evidenced by their top concern with "not knowing what the child wants" or "the child only wanting mother at times." A reduction in role conflict, role overload, and/or role ambiguity in fathers may result in fewer stressors for first-time fathers and, in turn, may be beneficial to the psychological and physical health of the father, as well as the entire family.

SUGGESTIONS FOR FUTURE RESEARCH

The results of this study may be useful as a guide toward similar, larger, and more diverse studies. While the findings from this nonexperimental pilot study yielded interesting information, further studies of large, random samples are needed to offer more generalizable information. Future researchers might focus on the effect of race, income, educational level, and occupation on first-time fathers' everyday stressors. Most studies have focused on postpartum depression among mothers and its impact at the individual or household level. How-

ever, the factors associated with first-time fathers' experience during the postpartum period and their impact at the household level may also be important to the family.

Future studies could focus on collecting comprehensive longitudinal data that would allow further investigation of first-time fathers' everyday stressors during different postpartum intervals. Some data elements that would be useful in this context are differences in fathers' and mothers' everyday stressors during the postpartum period compared with those of mothers and fathers of multiple children and/or adopted children.

REFERENCES

- Elsters, A. B., & Panzarine, S. (1983). Teenage fathers: stresses during gestation and early parenthood. *Clinical Pediatrics*, 22(10), 700–703.
- Elsters, A. B., Lamb, M. E., & Kimmerly, N. (1989). Perceptions of parenthood among adolescent fathers. *Pediatrics*, 83(5), 758–765.
- Ferketich, S. L., & Mercer, R. T. (1994). Predictors of paternal role competence by risk status. *Nursing Research*, 43(2), 80–85.
- Fletcher, R., Silberberg, S., & Galloway, D. (2004). New fathers' postbirth views of antenatal classes: Satisfaction, benefits, and knowledge of family services. *Journal of Perinatal Education*, 13(3), 18–26.
- Hall, L. A. (1990). Prevalence and correlates of depressive symptoms in mothers of young children. *Public Health Nursing*, 7(2), 71–79.
- Hall, L. A., Kotch, J. B., Browne, D., & Rayens, M. K. (1996). Self-esteem as a mediator of the effects of stressors and social resources on depressive symptoms in postpartum mothers. *Nursing Research*, 45(4), 231–237.
- Hall, W. A. (1992). Comparison of the experience of women and men in dual-earner families following the birth of their first infant. *Image: Journal of Nursing Scholarship*, 24(1), 33–38.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Roy, C. (1994). *Introduction to nursing: An adaptational model* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall.

MELISSA POLLOCK is a nurse practitioner in the field of pediatrics in Palm Beach Gardens, Florida. LINDA AMANKWAA is an associate professor of nursing at Albany State University in Albany, Georgia. She is also a member of Sigma Theta Tau and the American Nurses Association. ADANSI AMANKWAA is the coordinator of the sociology program at Albany State University and a member of the Population Association of America and the Southern Demographic Association.